

FORM BAS-1 (9-21-99)		U.S. DEPARTMENT OF COMMERCE Economics and Statistics Administration U.S. CENSUS BUREAU		A. Municipality name			FIPS code		Type		State		
BOUNDARY AND ANNEXATION SURVEY INCORPORATED MUNICIPALITIES Boundaries as of —				B. County(ies), parish(es), borough(s), or other statistically equivalent area(s) (FIPS code)				C. Minor civil division(s) (FIPS code)					
				CENSUS USE ONLY		State code		County code		Municipality code			
GENERAL INSTRUCTIONS		Please complete this survey form using a typewriter or ball point pen and return it together with the map within 15 days after receipt, using the enclosed preaddressed return label or envelope. Please make a copy for your records.						RETURN TO U.S. Census Bureau ATTN: Geography Branch National Processing Center 1201 East 10th Street Jeffersonville, IN 47132-0001					
NOTE		It is important that all questions are answered completely and that the statement on the map is signed, dated, and returned. Return completed material even if no changes occurred during the period shown.											
Question 1 PERSON COMPLETING THIS FORM				Question 2 MAILING ADDRESS — <i>Make necessary corrections.</i>									
Signature													
Name — <i>Print or type</i>													
Title			Date										
Telephone —→		Area code										Number	
Fax —→		Area code		Number		E-Mail address			For further information call: 1-800-972-5651				
Question 3 NAME, TYPE, COUNTY, OR MINOR CIVIL DIVISION CHANGE — <i>Mark (X) applicable box(es) and continue to the next question.</i>													
a. Are the name and type (i.e., city, town, village, borough) of this municipality correct as shown in box A, above?				1 <input type="checkbox"/> Yes — <i>SKIP to question b.</i> 2 <input type="checkbox"/> No — <i>Enter correction here.</i> →				Name		Type		Effective date of change	
b. Is the list of the county(ies) or statistically equivalent area(s) and minor civil division(s) within which this municipality is located correct as shown in boxes B and C, above?				1 <input type="checkbox"/> Yes — <i>SKIP to question 4.</i> 2 <input type="checkbox"/> No — <i>Enter correction in item c.</i>									
c. Enter the correct information AND the effective date of the change. <i>Attach additional information if more than two corrections.</i>				A - Add D - Delete		County or equivalent			Minor civil division name			Month Day Year	
Question 4 LEGAL BOUNDARY CHANGES DURING THIS PERIOD <i>Please mark (X) the applicable box(es) and continue to the next question.</i>													
a. Have there been any legal boundary changes to this municipality during the time period shown for question 4?				1 <input type="checkbox"/> Yes — <i>Please record all legal change actions (annexations, detachments, and other actions) on the Form(s) BAS-1A and update the map USING THE ENCLOSED COLORED PENCIL. ANNOTATE EACH CHANGE ON THE MAP WITH THE LEGAL CHANGE NUMBER AND DATE ACCORDING TO THE INSTRUCTIONS. Continue with item b.</i>				2 <input type="checkbox"/> No — <i>Continue with item b.</i>					
b. Has your municipality had any other types of changes affecting its boundaries or governmental status during the time period shown for question 4?				1 <input type="checkbox"/> Yes — <i>Complete item c.</i>				2 <input type="checkbox"/> No — <i>SKIP to question 5.</i>					

c. This municipality has — <i>Mark (X) one</i> (1) <input type="checkbox"/> consolidated/merged with (2) <input type="checkbox"/> been annexed by (3) <input type="checkbox"/> dissolved/disincorporated (4) <input type="checkbox"/> other — <i>Provide explanation.</i> <i>and continue with question 5.</i>	Name of jurisdiction with which consolidated/merged	Effective date of change
	Name of jurisdiction annexing this municipality	Effective date of change
	Name of jurisdiction being dissolved/disincorporated	Effective date of change

Question 5

OTHER CHANGES — *Mark (X) applicable box(es).*

a. Are there any legal boundary changes that occurred before the period shown for question 4 that do not appear on the enclosed map(s)?	1 <input type="checkbox"/> Yes — <i>Record all legal change actions (annexations, detachments, and other actions) on the Form(s) BAS-1A and update the map USING THE ENCLOSED COLORED PENCIL. ANNOTATE EACH CHANGE ON THE MAP WITH THE LEGAL CHANGE NUMBER AND DATE ACCORDING TO THE INSTRUCTIONS. Continue with item b.</i>	2 <input type="checkbox"/> No — <i>Continue with item b.</i>
b. Are there any corrections that need to be made to the boundary of your municipality as shown on the map(s)?	1 <input type="checkbox"/> Yes — <i>Correct the map USING THE ENCLOSED COLORED PENCIL. ANNOTATE EACH CORRECTION WITH THE INITIALS BC (boundary corrections) ACCORDING TO THE INSTRUCTIONS.</i>	2 <input type="checkbox"/> No — <i>Continue with item c.</i>
c. Did you add, delete, or make any changes to the features (other than boundaries) shown on the map(s)?	1 <input type="checkbox"/> Yes — <i>Correct the map ACCORDING TO THE INSTRUCTIONS FOR FEATURE CHANGES.</i> 2 <input type="checkbox"/> No — <i>SIGN THE STATEMENT ON THE MAP.</i>	
d. Did you make any changes to the addresses shown on the map(s)?	1 <input type="checkbox"/> Yes — <i>Correct the map ACCORDING TO THE INSTRUCTIONS FOR ADDRESS CHANGES.</i> 2 <input type="checkbox"/> No — <i>SIGN THE STATEMENT ON THE MAP.</i>	

SPECIAL INSTRUCTIONS <i>(If any)</i>	CENSUS USE ONLY	
	Date processed	S map
	S/S change	O map
	S/S no change	Map change
	PLAT/Description	Map no change
	Letter	Map signed